

High-Risk Situations

Session #7 within "Self-in-Context" Unit



VETERANS

ONWARD

Training Materials:

- Whiteboard and pens or flipchart and pens.
- Paper and pen for all participants.
- Print out of figures 1 and 2 showing network maps (see page 7).
- Print outs or links emailed to Assessment Tool resources:
 - Perceived Stress Scale (PSS) which can be accessed at <https://www.midss.org/content/perceived-stress-scale-pss>
 - Penn State Worry Questionnaire (PSWQ) which can be accessed at <https://www.midss.org/content/penn-state-worry-questionnaire-pswq>
 - Screen for Posttraumatic Stress Symptoms (SPTSS) which can be accessed at <https://www.midss.org/content/screen-posttraumatic-stress-symptoms-sptss>
 - Repetitive Thinking Questionnaire (RTQ) which can be accessed at <https://www.midss.org/content/repetitive-thinking-questionnaire>

Learning Objectives:

1. Recognise situations and life events, including times of transition, that can be considered as “high-risk” to our well-being.
2. Name and describe different stress-management strategies.
3. Evaluate different stress-management strategies to identify strategies most appropriate to our personal situation.

Training Script:

Hello everyone, how are you today? My name is _____. I am going to be your tutor today for this training module on High-Risk Situations. It is the seventh session within the unit called

“Self-in-Context”. This module will take between 90 and 120 minutes to complete. It follows on from the previous session on Problem Solving.

Before we look at today’s learning objectives, I’d like to set aside some time to have a conversation about anything that came up for you from last session on. Within the session we looked at some questionnaires and we covered 3 different models related to problem solving: the Transactional Model of Stress; the GROW model and the plan–do–check–act (PDCA) cycle. There may be something you want to ask or say as a result of that learning. Perhaps you have faced a problem since we last were together and have had a chance to try out one of the models, or there may be something else you want to ask or discuss based on what we covered last session. We have 5 – 10 minutes now to discuss any points arising from last session.

[Allow 5 -10 minutes for this facilitated discussion as a whole group].

So, today’s learning objectives. By the end of this module, my aim is that you will be able to:

1. Recognise situations and life events, including times of transition, that can be considered as “high-risk” to our wellbeing.
2. Name and describe different stress-management strategies.
3. Evaluate different stress-management strategies to identify strategies most appropriate to our personal situation.

Let’s make a start on learning objective 1:

- 1. Recognise situations and life events that can be considered as “high-risk” to our wellbeing.**

Being in the Military means exposure to high-risk situations. Training and preparation for deployment can be stressful and intense. Combat deployment is also a high-risk situation. Research shows that recent veterans are at higher risk of suffering from PTSD (Post Traumatic Stress Disorder) than those in the general population¹. Between 2 – 17% US military veterans are thought to have developed

¹ Reisman M. (2016). PTSD Treatment for Veterans: What's Working, What's New, and What's Next. *P & T : a peer-reviewed journal for formulary management*, 41(10), 623–634.

Combat-related PTSD since the Vietnam War, and between 4 - 17% of US Iraq War veterans are thought to have Combat-related PTSD². These figures demonstrate the way in which military service can be considered as “high-risk” to our wellbeing.

However, there is also evidence that transitioning from military life to civilian life can also be considered “high-risk” to our wellbeing. In session 1, we considered MCT (Military to Civilian Transition) and we noted that this has been called a “reverse culture shock”³. Let’s consider that in some more detail now.

Times of transition in general are regarded as “higher-risk” situations, in that they are likely to prove to be more stressful than when we are not facing such change and transition. A google of the “5 most stressful situations” produces the results of:

- Death of a loved one.
- Divorce.
- Moving.
- Major illness or injury.
- Job loss.

All of these are times of transition, where a major change is involved. Consider Charles Darwin’s theory of evolution. Change in the environment results in a need to adapt, or to face negative consequences. So, humans are called on to adapt, to evolve in response to change and this can be stressful. If we have few forms of social support available to us, or we assess that we have limited resources to respond to the change, we can face stress and pressure that impacts our wellbeing. This does not mean we will develop a mental health issue as a result of experiencing such major life transitions. The causes of mental health conditions are complex, and include a combination of genetic and environmental factors. However, change can impact our wellbeing which can result in stress and difficulty, placing us at higher risk of poor mental health.

² Richardson, L. K., Frueh, B. C., & Acierno, R. (2010). Prevalence estimates of combat-related post-traumatic stress disorder: critical review. *The Australian and New Zealand journal of psychiatry*, 44(1), 4–19.

³ Bergman, B., Burdett, H., Greenberg, N. (2014). Service life and beyond—Institution or culture? *The RUSI Journal*, 159, 60–68.

It is helpful to note what we mean by change, and what change can involve. Change can be when we start something for the first time. Or when we stop doing something. When we increase a certain behaviour, or when we decrease a behaviour. Such changes can take place over different time frames, so that change can be gradual or dramatic and sudden. Some change we choose, and we think of it as a change for the better, such as getting married or moving onto a better job. However, it is still classed as a “high-risk” event in that it involves change. Some transitions are forced upon us, or outside of our control and these can be especially hard to deal with. Some change comes about as a result of injustice or prejudice and this too can be very hard to face. Some changes are predictable, such as growing older. Others are not, such as redundancy, illness, loss.

Task:

Think about your life so far: can you identify the three most stressful times in your life? Consider what it was that made these times particularly stressful.

[Allow 5 minutes for participants to reflect upon this question, then facilitate a 5 -10 minute discussion about participants reflections].

Task:

We are going to take some time to consider the ways in which we have been experiencing stress over the last month. As with all of the questionnaires and assessment tools we’ve used in this unit, it is designed by psychologists and can help us to increase our levels of self-awareness. This questionnaire is called the Perceived Stress Scale.

[Distribute copies of the Perceived Stress Scale and allow 5 minutes for participants to complete, then facilitate a 5 -10-minute discussion about participants reflections].

Having recognised situations and life events, including times of transition, that can be considered as “high-risk” to our wellbeing, it is very important that we move onto learning objective 2:

2. Name and describe different stress-management strategies.

This is an extremely important aspect of today’s learning. Having recognised that some situations, including MCT, can be considered “high-risk” or stressful situations, we must also recognise the support and strategies to mitigate and manage such risk. We have already covered some problem-solving strategies in our last session which could be useful here. We are now going to explore 3 additional stress-management strategies: seek social support; consider and develop protective factors and the five-ways to wellbeing model.

Seek Social Support:

In session 3, we spent time looking at the idea of social support. Social support is an important strategy for managing stress and our responses to “high-risk” situations.

For example, having a wide and varied support network of friends can be a factor that mitigates against the stress caused from “high-risk” situations. We have people to talk to and gain emotional support from, as well as people who can potentially provide practical support. We know that there is substantial evidence that loneliness and a lack of social support is a risk factor for premature mortality⁴ and poor mental health outcomes⁵. Therefore, paying attention to and cultivating an active social support system can be an important stress management strategy to mitigate the effects of being in a time of transition or another high-risk situation.

There are also professional support networks that can be a helpful resource when we face a high-risk situation. This includes medical personnel and support workers who can offer advice, information, and potential strategies to respond to and treat any issues that develop, or may potentially develop, as a result of facing a high-risk situation. For example, we have already mentioned PTSD. There is support

⁴ Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227–237.

⁵ Wang, J., Mann, F., Lloyd-Evans, B. *et al.* Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. *BMC Psychiatry* **18**, 156 (2018).

available for treating and managing PTSD. Veterans charities can be a helpful source of information and Medical Professionals can also be of assistance and can recommend treatment plans. Such support begins with first identifying that we may be at risk of developing, or feel we have developed PTSD as a result of exposure to a high-risk situation. There is a questionnaire that I have available that is often used as a diagnostic tool to help identify the symptoms of PTSD. I will have those available for you at the end of the session.

Similarly, accessing social support from friends, colleagues, Medical Professionals, Support Workers and Veterans charities can also be a helpful strategy if and when we feel that, as a result of the stress, pressure or difficulty we face, that our safety is at risk. In such situations, we may have thoughts about self-harm or thoughts about ending our life. In such a scenario, it is important we use social support to access assistance. A tool that is often used to help identify the level of risk a person faces in such a scenario is known as the Columbia Protocol. It is sometimes called the Columbia Suicide Severity Rating Scale, or C-SSRS. Created by researchers at Columbia University, University of Pennsylvania, University of Pittsburgh and New York University it allows for the evaluation of suicide risk. Questions are phrased for use in an interview format, but the C-SSRS may be completed as a self-report measure if necessary. This can be a helpful tool to support a person in accessing support if and when they are at high-risk of self-harm. There are also free telephone helplines and text services that are a useful strategy if and when we feel in crisis.

[Insert details of appropriate crisis support phone lines / text services relevant to the country participants reside in].

Task:

With the idea of seeking social support in mind as a strategy for stress-management, we are going to have a chance to map out our own social support network, using a tool known as a “networks map” created by Argentinian Psychiatrist, Carlos Sluzki. See figure 1 for a simple version prior to completion, and figure 2 for an example network map in the process of completion. Use these two examples to create your own network map.

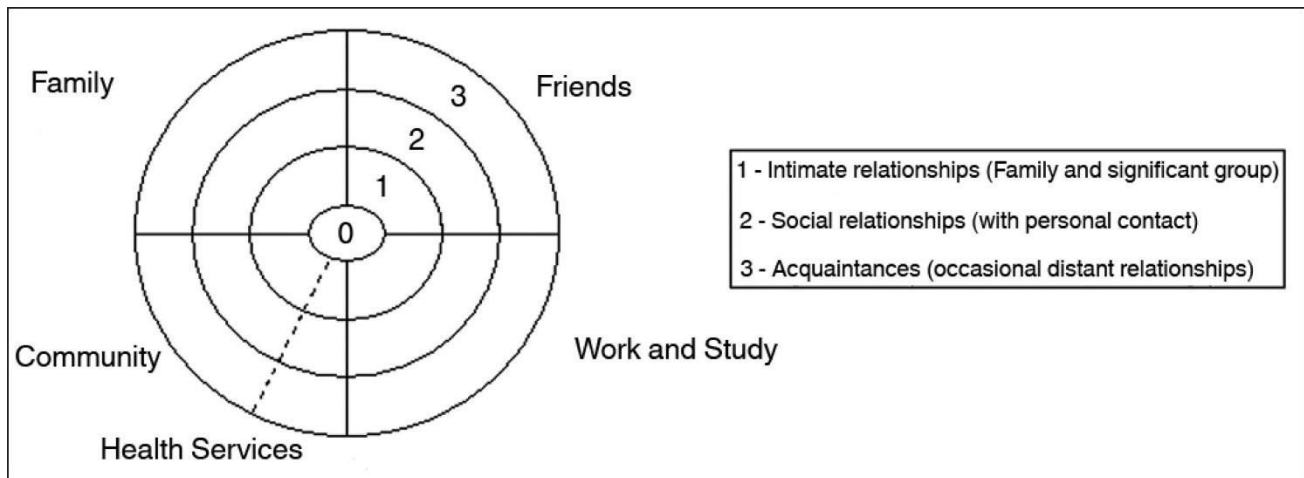


Figure 1: Template for network map.

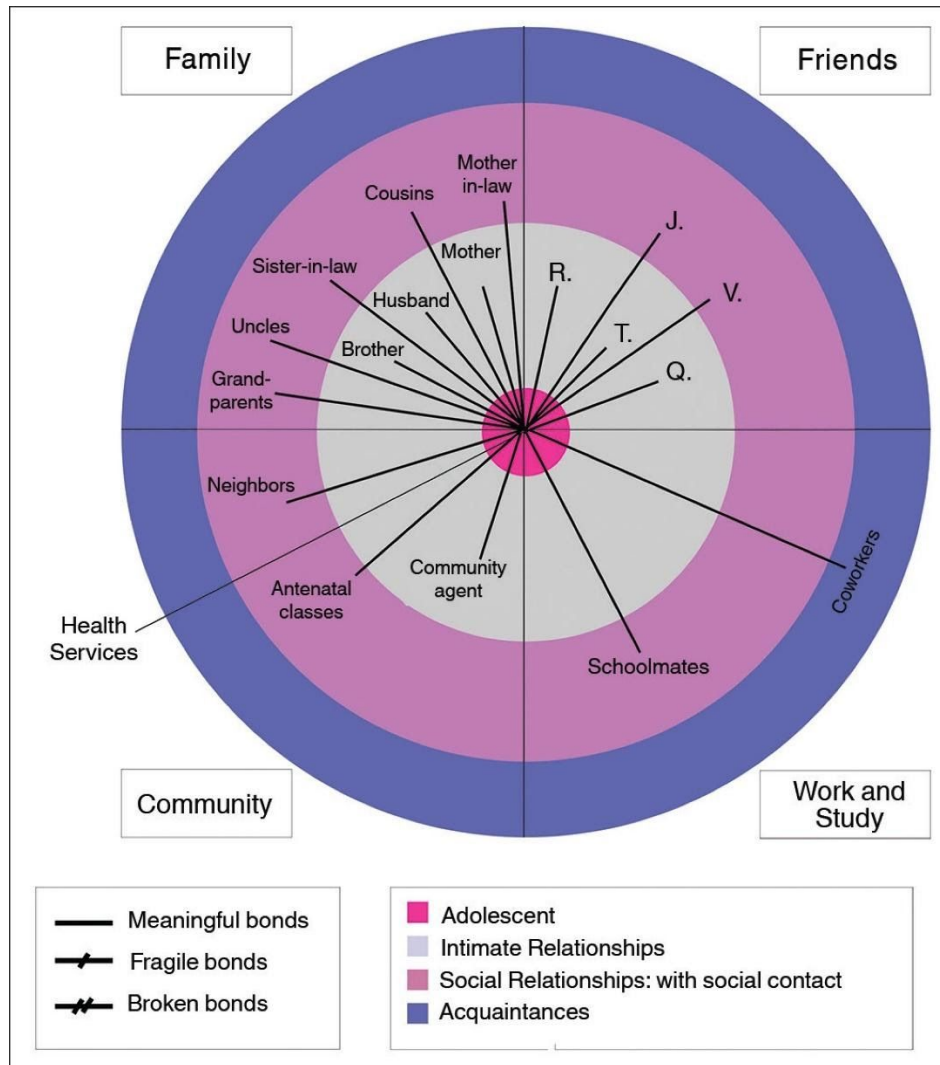


Figure 2: Example of partially completed network map.

Our second strategy we will consider as a stress management tool when facing a high-risk situation, including times of transition, is:

Consider and Develop Protective Factors:

Just as there are some things which are regarded as high-risk situations and factors, such as times of transition and also social isolation, there are also protective factors that help to mitigate against harm and risk. It makes sense, therefore, that paying attention to and strengthening protective factors in our life is a helpful strategy for managing stress. There are some risk and protective factors that are

outside of our control. Others, however, can be developed and strengthened through deliberate action.

Risk and protective factors fall under the headings of biological, psychological, physical, family, community / cultural.

The chart below lists examples of both risk and protective factors under these headings.

	Risk Factor	Protective Factor
Biological	Family history of mental illness	No family history of mental illness
Psychological	Past history of poor mental health. Poor self-esteem. Lack of self-awareness.	Experience in applying self-help and positive psychology strategies. Positive attitudes, values or beliefs. Conflict resolution skills. Positive self-esteem.
Physical	Lacking food, shelter, basic needs. Lifestyle factors that do not support positive health outcomes, e.g. excessive alcohol use, smoking, sedentary lifestyle.	In employment with basic needs adequately met. Lifestyle factors that support positive health outcomes.
Family	History of childhood trauma, e.g. abuse. Lack of family support.	Open and supportive relationships with family members.
Community / cultural	Loneliness, lack of friends and social network. Neighbourhood poverty and violence. Social injustice and discrimination.	Availability of community-based resources, e.g. faith, hobby-based groups. Cultural activities and provision. Hatecrime laws. Peer support groups.

Task:

Take 5 -10 minutes to make a note of things in your life that you consider protective factors. Is there anything you want to change as a result of this reflection?

[Allow 5 minutes for participants to reflect upon this question, then facilitate a 5 -10 minute discussion about participants reflections].

Our final strategy we will consider as a stress management tool when facing a high-risk situation, including times of transition, is:

The Five-Ways to Wellbeing Model.

The 5 Ways to Wellbeing Model is an evidence-based model developed by the UK Government, published in 2008⁶. The five strategies of the model are all ways that have been proven to increase our sense of wellbeing and to offer support at times of stress, offering mitigation against high risk. Wellbeing means much more than simply not feeling ill or fed up. Wellbeing means a 'state of complete physical, mental and social well-being' (World Health Organisation definition). When we feel happy, healthy and content, we have positive wellbeing. The 5 ways to wellbeing are:

- Connect,
- Keep Learning,
- Be Active,
- Take Notice
- Give.

Let's look at each in turn:

⁶ <https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>

Connect: Good relationships are important for your wellbeing. We connect with others when we eat lunch with others, chat with a friend, switch off the TV to talk or play a game with your family and volunteer to help others. When we do these things, we experience greater connection with others.

Keep Learning: When we take the attitude that there are always things to learn, then we boost our wellbeing. Learning a new skill or a hobby can boost our self-esteem and confidence.

Be Active: Being physically active improves our physical health and fitness and mental wellbeing by raising our self-esteem and giving us a sense of achievement. Exercise causes chemical changes in your brain which can help to positively change your mood.

Take Notice: Paying more attention to things around us can help us to feel calm and peaceful. Noticing your thoughts and feelings, your body and the world around you can help you enjoy life more and understand yourself better. Some people call this mindfulness.

Give: Giving our time, skills or resources to help others is proven to help us too. Research suggests that acts of giving and kindness can help improve your mental wellbeing by creating positive feelings and a sense of reward, giving you a feeling of purpose and self-worth and helping you connect with other people.

Task:

Take 5 minutes to consider which of the five ways to wellbeing come naturally to you already, and which you find more / most difficult. Write down specific ways you can put each of the five ways to wellbeing into practice over the next week.

[Allow 5 minutes for participants to reflect upon this question, then facilitate a 5 -10 minute discussion about participants reflections].

Our final learning objective for today involves you creating your own plan as to what, for today's learning, you want to utilise in your daily life and how you might go about it.

The final learning objective is:

- 3. Evaluate different stress-management strategies to identify strategies most appropriate to our personal situation.**

Task:

So, we are going to have 10 minutes to reflect on the various strategies and tools for managing and responding to stress and high-risk situations.

As a result of today's learning:

- Write down which strategy you feel will be of most use to you over the coming month.
- How can you implement it?
- What do you need to do?

If possible, try to set out your ideas using the GROW model we learnt about in session 6;

Goal The Goal is the end point, where you want to be. What would it look like if the problem was solved? The goal has to be defined in such a way that it is very clear when they have achieved it

Reality The current Reality is where you are now. What are the issues, the challenges, how far are you away from their goal?

Obstacles/Options There will be Obstacles stopping you getting from where you are now to where you want to go. Once Obstacles have been identified, you can find ways of dealing with them. These are the Options.

Way Forward The Options then need to be converted into action steps which will take you to your goal. These are the Way Forward and will involve being specific about the

“when”, “by whom” and the “why” (knowing what motivates you towards your goal).

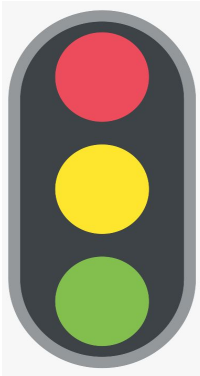
[Allow 5 – 10 minutes for facilitated discussion following this].

I mentioned resources I would share with you. I have 3 possible questionnaires for you to consider:

[Offer participants a choice of:

- o Penn State Worry Questionnaire (PSWQ) which can be accessed at <https://www.midss.org/content/penn-state-worry-questionnaire-pswq>
- o Screen for Posttraumatic Stress Symptoms (SPTSS) which can be accessed at <https://www.midss.org/content/screen-posttraumatic-stress-symptoms-sptss>
- o Repetitive Thinking Questionnaire (RTQ) which can be accessed at <https://www.midss.org/content/repetitive-thinking-questionnaire>

So, finally, using a simple traffic light system, I'd like you to evaluate your own learning today. For each objective, you are going to decide whether you feel you are:



RED / STOP	You have made no progress in learning this and are still at a "standstill."
AMBER	You have some understanding but aren't quite ready to apply it yet.
GREEN / GO	You have a good grasp of this objective and are ready to go and apply this learning in the real world.

1. Recognise situations and life events, including times of transition, that can be considered as "high-risk" to our wellbeing.

RED **AMBER** **GREEN**

2. Name and describe different stress-management strategies.

RED **AMBER** **GREEN**

3. Evaluate different stress-management strategies to identify strategies most appropriate to our personal situation.

RED **AMBER** **GREEN**

What do you want to do as a result of your learning today?

Thank you to everyone for your engagement and participation in the session. I hope you have learnt some useful ideas that can be applied in your daily life.